

State of New Mexico

Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
 AsOfDate 11/20/2012

0000210511 11/30/12

Voucher Number	Vchr Line	VchrLineDescr	Distr Account	Account	Fund	VendorName	Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
								Year	Month		

00316582	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06101	NASH GAYLE-001	2013	11	0000095156	Nash, G. 11.5-11	570.00
Total For Voucher											570.00	

JM

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500
 Voucher ID: 00316582
 Voucher Style: Regular
 Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Invoice Number: Nash, G. 11.5-11.9.12
 Invoice Date: 11/16/2012
 Total: 570.00


*Pay Terms: Pay Now ☒ Schedule Payments

Payment Information

Scheduled Payment: 1

*Remit to: 0000099443 

Location: 001 

*Address: 1 

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Gross Amount: 570.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 11/16/2012 

Net Due: 11/16/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Message will appear on remittance advice.

Pay Group:

*Handling: RE

*Netting: N 

Messages

Summary **Invoice Information** **Payments** **Voucher Attributes** **Error Summary**

Business Unit: 66500 Invoice Number: Nash, G. 11.5-11.9.12
Voucher ID: 00316582 Invoice Date: 11/16/2012
Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRFNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

AGENCY

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE

1

DATE

11/5/2012

AGENCY

66500

VOUCHER NUMBER

06316582

NAME

Gayle Nash

CAR LICENSE NUMBER

00 1768 SG

POST OF DUTY

Las Cruces

PROPOSED

(ADVANCE VOUCHER)

VENDOR NUMBER

99443

MODEL

Nissan

RESIDENCE

REG. WORK DAY

8:00 AM THRU 5:00 PM

YEAR

2011

Las Cruces

(RECOUPMENT VOUCHER)

DATE

TIME: SHOW AM OR PM

CHARACTER OF EXPENDITURES

ODOMETER/MAP MILES

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

AMOUNTS

DEPARTURE

ARRIVAL

BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	827-2613
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima


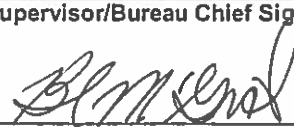

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	11/02/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	11/05/12	Time:	07:00 AM	Return Date: (month/day/yr)	11/9/12 Time: 07:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
*549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

<div style="display: flex; justify-content: space-between;"> <div>  Employee Signature </div> <div> 11-15-2012 Date </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>  Supervisor/Bureau Chief Signature </div> <div> 11/15/12 Date </div> </div>
<div style="display: flex; justify-content: space-between;"> <div> Division Director/Hospital Administrator (As per specific division requirements) </div> <div> Date </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>  Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) </div> <div> Date </div> </div>